

AUTOMATIC WITHDRAWAL AUTHORIZATION

Judges of the Probate Courts Retirement Fund of Georgia

P.O. Box 56

Griffin, GA 30224

Phone: (770) 228-8461 / FAX: (770) 412-1236

I authorize the Judges of the Probate Courts Retirement Fund of Georgia to initiate debit entries to my bank account identified below at the depository named below to debit the same to said account each month. Said debit entries to be used solely to pay my monthly dues (\$105.00) in the JUDGES OF THE PROBATE COURTS RETIREMENT FUND OF GEORGIA.

DEPOSITORY (BANK) NAME: _____

Bank Located in CITY: _____ STATE: _____

BANK ROUTING #: _____ ACCOUNT #: _____

(Please attach a voided check showing the routing and account numbers)

This authorization is to remain in full force and effect until the Judges of the Probate Courts Retirement Fund of Georgia has received written notification from me of its termination. Such notification is to be received in the office of the Fund in Griffin, GA by the first day of the month before such termination is desired.

Member's Signature: _____ Date: _____

Print Member's Name: _____

Mail Address: _____ Phone #: _____

City, State, Zip: _____

Membership/Social Security #: _____